

TA TOADE		
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 1508-3640
CERTIFICATE OF MAILING OR TRANSMISSION	In re Application of Patrio	ck Y. MAEDA
[37 CFR 1.8(a)]	Application Number 10/75	57,274 Filed 01/14/2004
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop, Commissioner for	For XEROGRAPHIC PRINTING SYSTEM WITH VCSEL- MICRO-OPTIC LASER PRINTBAR	
Patents, P.O. Box 1450, Alexandria, Virginia 22313 1450, or being facsimile transmitted to the USPTO at, on	Group Art Unit 2861	Examiner Hai Chi PHAM
Signature:	-	
Name:	_	
This is a request under the provision reply in the above identified applications.		d the period for filing a
The requested extension and approprocedure (check time period desired):	riate entity fee are as follows	
One month (37 CFR 1.	.17(a)(1)) - (\$60/\$120)	\$
☐ Two months (37 CFR	1.17(a)(2)) - (\$225/\$450)	\$
Three months (37 CFR	1.17(a)(3)) - (\$510/\$1020)	\$ <u>1,020.00</u>
☐ Four months (37 CFR	1.17(a)(4)) - (\$795/\$1590)	\$
☐ Five months (37 CFR)	1.17(a)(5)) - (\$1080/\$2160)	\$
☐ Applicant claims small entity st	atus.	
☐ A check to cover the fee is enclo	osed.	
☐ Payment by credit card. Form F	PTO-2038 is attached.	
The Commissioner has already application to a Deposit Account		in this
The Commissioner is hereby au or credit any overpayment, to D I have enclosed a duplicate copy	eposit Account Number 19-23	
WARNING: Information on included on this form. Provid		c. Credit card information should not be d authorization on PTO-2038.
I am the applicant/inventor		
assignee of record of the Statement under 3'	ne entire interest. See 37 CFR 37 CFR 37 CFR 3.73(b) is enclosed. (Fo	3.71. 97/28/2996 SDENBOB1 99999120 192389 : orm PTO/SEP1953. 1929.09 DA
attorney or agent of rec	ord.	
attorney or agent under Registration numb	· 37 CFR 1.34(a). er if acting under 37 CFR 1.34	
Signature	lav	July 27, 2006 Date
Jeffrey N.		(202) 585-8000
Typed or printed	name	Telephone Number
NOTE: Signatures of all the inventors or assignment if more than one signature is required, s		or their representative(s) are required. Submit multiple
Total offorms are sub	omitted.	